

H B

364

HOUSE COMMITTEE REPORT

(7)

Date Referred: January 8, 1990

FURTHER REFERRALS: FINANCE

Date of Committee Action: 1-31-90

The HEALTH, EDUCATION, & SOCIAL SERVICES Committee considered: HB 364

HOUSE BILL NO. 364

ALCOHOL INFORMATION WITH MARRIAGE LICENSE

"An Act requiring marriage licensing officers to distribute information related to the health effects of alcohol consumption."

RECOMMENDATIONS:

- be replaced with CSHB 364 (HESS) the same title
 have attached amendment(s) a new title
 do pass
 do not pass
 no recommendation
 individual recommendations
 additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):
(Dept)

APPROVES PREVIOUS: (Date/Dept)

- fiscal impact DHSS
 zero fiscal note _____
 zero with analysis _____

- fiscal note(s) _____
 zero fiscal note(s) _____
 zero fn/analysis _____

SIGNING DO PASS:

[Signature]

Peter Jan

Doug Jack

Mark Baker

SIGNING:

(Check approp. column)

	Do Not Pass	No Rec	Amend
<u>[Signature]</u>		<input checked="" type="checkbox"/>	
<u>Chen Davis</u>		<input checked="" type="checkbox"/>	

[Signature]
Chairman's Signature

A M E N D M E N T

OFFERED IN THE HOUSE

TO: HB 364

Page 1, line 7, after "the":

Insert "fetal"

Page 1, line 8, after "consumption":

Insert ", drug abuse, and domestic violence"

Page 1, line 13, after "alcohol":

Insert ", abuses drugs, or is a victim of domestic violence"

Page 1, line 15:

Delete "and"

Insert ", "

After "effects"

Insert ", and the effects of drug abuse and domestic violence"

...errotth's group, ...

Violence against pregnant women also hurts unborn

LOS ANGELES (AP) — About one of every 12 pregnant women in a study of prenatal clinics was beaten by her male partner, making it more likely the babies died or suffered birth defects, the March of Dimes foundation said Friday.

"Battered women are four times more likely to deliver low-birthweight babies, and twice as likely to miscarry," compared to other mothers, said Betsy Berk-

hemer-Credaire of the group's Southern California chapter.

"Low-birthweight babies are more likely to be born with birth defects and more than 40 times more likely to die during the first month of life," she added.

Nurses, a prosecutor, the operator of a battered women's shelter and a woman who tearfully told how she was brutalized while pregnant joined Berk-

hemer-Credaire at a news conference.

They urged doctors and nurses to watch for signs of battering in their pregnant patients and to help document injuries so the assailants can be prosecuted. Battered women also should seek help and emergency shelter and leave their persecutors, they said.

Abuse against expectant mothers happens in all racial and

socioeconomic groups and ranges from "slaps, punches, fractured jaws and punctured eardrums all the way to being pushed down the stairs," said Anne Stewart Helton, a community health nurse consultant at Texas Women's University.

Helton conducted a foundation-financed study of 200 pregnant women randomly selected from public and private prenatal clinics in Houston.

When drug babies reach school age

Los Angeles Times

LOS ANGELES — The 4-year-old girl in teacher Vicky Ferrera's preschool class had made remarkable progress, the high point of her year being when she learned to tie her shoes. Mastering that task, which her pals asked her to help them with, made the little girl proud.

Then, in one week, her class took a field trip, went to an assembly and entertained a visitor. To most 4-year-olds, the disruptions would have been easy to handle, even fun.

But the deviation from routine so crushed the 4-year-old's self-confidence that she suddenly forgot how to tie her shoes. She reestablished the skill only after Ferrera taught her how to do it again.

Though the incident may seem trivial, it is not in Ferrera's classroom, where such small matters are part of a bigger concern for the Los Angeles Unified School District, public educators and health experts nationwide. They all are beginning to deal with the emergence of a generation of children, like Ferrera's student, who are known simply as "drug babies."

These youngsters have been the focus of intense media scrutiny, which has etched into the public consciousness images of infants walling in hospital cribs as they suffer the effects of their mothers' abuse of alcohol, cocaine, phencyclidine (PCP) and other substances.

Their aptitudes vary widely, their behavior is unpredictable

But what has been less publicized is that as the drug babies have grown — many now are reaching school age — their presence is prompting questions and concerns about their future in society.

In Los Angeles, the school district has taken the unusual — and, in some quarters, controversial — step of housing some drug babies, now ages 4 and 5, in three special classrooms in two inner city schools.

There, teachers like Ferrera are trying to identify instructional techniques to help get the drug babies back into regular classrooms as soon as possible.

Ferrera said it is too early in the school year to predict whether youngsters in the district program, who will be old enough, will be ready for first grade next fall.

Los Angeles is not alone in facing a daunting challenge of educating drug children. New York, Miami, Detroit and Philadelphia also can expect large numbers of drug babies to enroll in their schools, said Coryl Jones, a research psychologist at the National Institute on Drug Abuse.

Based on their studies, experts now believe this about the developing drug babies:

- They seem to display a wider range of academic ability than first

was anticipated. Dr. Ira Chasnoff, a prominent drug baby researcher at Northwestern University in Chicago, said he believes that their mothers' drug use will have widely varying effects on children's intellectual and educational development; many will qualify for gifted classes, many will be in normal programs and some will be permanently impaired.

- They are not supplying answers to a crucial, long-term question about their physical and mental health, as well as their educational achievement: Which is more damaging to the child — the physiologic damage from drug exposure or the harm of being raised in the social environment of drug abuse?

There is good evidence that environment plays the more significant role, say some experts, including Chasnoff and Dr. Rachelle Tyler, a University of California, Los Angeles pediatrician, Los Angeles school district physician and researcher.

Chasnoff said the arrival of drug babies in school systems has developed into enough of a trend nationally that school districts should start examining ways to deal with such children if they are not already doing so.

- "Drug babies are everywhere," Tyler said. "They're going to be in

private schools and in middle class areas. Cocaine, for instance, is a drug that everybody aspired to and has been widely used."

Both Tyler and Chasnoff are involved in long-term studies of dozens of drug babies. UCLA is following 40 youngsters born to poor women using PCP; they are being compared from birth to age 2 with 25 youngsters born at the same hospital to drug-free women.

The more ambitious Northwestern study is tracking 200 youngsters, now age 3, who were identified before birth as potential drug babies. Chasnoff said researchers in Chicago hope to follow the children as they enter schools.

- "We're following some kids who were exposed to drugs but were adopted and are now being raised in middle-class, stable, drug-free homes," he said, noting it will be "interesting" to see if the children have similar behavioral disorders as those raised in their original homes.

Chasnoff and other experts emphasize that drug babies are far from a cohesive group. Their strengths and shortcomings can be expected to vary widely depending on what drugs, the amounts and when their mothers took the substances during pregnancy; alcohol, methadone, heroin, marijuana, PCP and cocaine have widely varying effects on the fetus.

POSITION PAPER

House Bill No. 364

"An Act requiring marriage licensing officers to distribute information related to the health effects of alcohol consumption."

BACKGROUND

HB 364 requires the distribution of information regarding the dangers of the use of alcohol during pregnancy.

Fetal Alcohol Syndrome (FAS) is the term given to those infants who have been severely affected by the alcohol consumed by the mother during pregnancy. It is estimated that FAS may be the most common birth defect in the nation, although it has only been recently recognized. People must be given the information that drinking while pregnant is dangerous to the unborn child. HB 364 is an efficient and cost effective way to distribute information on this topic.

FAS information is currently being distributed by the court system using a brochure produced by the March of Dimes. Central supply at the court estimates that a maximum of 10,000 brochures are required for distribution each year. This allows one brochure to be given at the time of application for a marriage license and is sufficient for rural communities to include in a public information pamphlet rack.

POSITION:

The Department of Health and Social Services supports this legislation as a way to assure that information regarding the dangers of substance abuse during pregnancy are distributed throughout the State. Educating Alaskans is a critical first step in protecting babies from the harmful effects of FAS.

Recommended by:

Jay Lamy for
Sally Mead, Coordinator
Office of Prevention

Date:

1-23-90

Approved by:

Myra M. Munson
Myra M. Munson, Commissioner
Department of Health and
Social Services

Date:

1-23-90

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Health & Social Services
 Title: An Act relating to requiring BRU: Administrative Services
Marriage Licensing Officers to distribute
 Sponsor: Representative Ulmer Components: Office of Prevention
 Requestor: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	6.0					
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	6.0	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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FUNDING: (Thousands of Dollars)

GENERAL FUND	6.0	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL	6.0	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary) FY90 Fiscal Impact is "0".
 Based on the cost of a similar project, the Office of Prevention estimates that \$6,000 would be needed to prepare and print an Alaska specific brochure for distribution. Ongoing distribution costs will be absorbed within the Department of Health and Social Services current budget.

Prepared by: Sally Mead, Coordinator Phone: 561-4211
 Division: Office of Prevention Date: _____

Approved by Commissioner: Myra M. Munson Date: 1-23-90
 Agency: Department of Health & Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

Alaska State Legislature

HOUSE OF REPRESENTATIVES



REPRESENTATIVE FRAN ULMER

MEMORANDUM

January 22, 1990

TO: Rep. Johnny Ellis, Chair
House HESS Committee

FROM: Rep. Fran Ulmer

TO: HB 364, relating to alcohol information with marriage licenses

.....

HB 364 requires the state to distribute information regarding Fetal Alcohol Syndrome (FAS) with each marriage license that is issued. Children born with FAS suffer from a combination of irreversible physical and mental birth defects caused when alcohol crosses the placenta and damages the fetus. These defects include:

- (1) Pre and/or post natal growth retardation (weight, length, and/or head circumference below the tenth percentile);
- (2) Central nervous system problems (intellectual impairment, developmental delay, and neurological abnormality);
- (3) Characteristic facial features (including crossed eyes, small eyes, short nose, or abnormalities of the mouth such as cleft palate).

Alaska has the highest estimated incidence of FAS births in the nation. Certain portions of the state record the highest FAS rate among any population in the world (e.g., nationally: 1.7 per 1,000 births; Copper River, Alaska: 250 per 1,000 births). FAS ranks as the number one cause of congenital mental retardation in Alaska. It is the only cause of mental retardation which is totally preventable.

District 4B — JUNEAU

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House HESS Committee
January 22, 1990
Page 2

Approximately 29 babies are born each year with FAS in Alaska; 26 of these survive the first year. Ten years ago, almost all of these infants died at birth. Today, the developments of medical technology keep them alive. However, the costs associated with FAS and FAE children are staggering and few, if any, families can afford to pay them. FAS babies typically need intensive hospital care at birth, at an average cost of \$2,400 per day. Hospital costs per FAS birth average \$99,740; physician fees average \$11,065 per birth, for a total of \$110,805 per child. It is common for FAS babies to be rehospitalized during the first year, at an average cost of \$40,410 per hospital stay.

In addition, 10 times as many babies are born with a lesser set of symptoms known as Fetal Alcohol Effects (FAE). These children, while less severely damaged, may actually have a greater financial impact on state and community services. For example, the IQ of the average FAS baby is below 70; FAE babies' IQ ranges between 70 and 100. It is these children who typically require added counseling, legal and corrections services.

The attached chart itemizes the costs associated with each FAS and FAE patient. The lifetime cost per FAS birth is approximately \$1.4 million. This figure reflects only the most basic medical and therapeutic services necessary. It does not include the additional financial and social costs of welfare payments, child abuse, sexual abuse, learning disabilities and incarceration.

Education, through efforts like the FAS brochure proposed in HB 364, is the surest route to prevention of this tragic and costly condition. Oregon, Wisconsin, New Hampshire, Rhode Island and Illinois currently distribute information regarding FAS through offices issuing marriage licenses. Last year, in response to a request from Senator John Binkley, the Alaska court system began distributing a pamphlet on FAS which was supplied by the March of Dimes. The purpose of this bill is to ensure that this practice becomes a permanent, on-going effort of the state in order to reduce the incidence of FAS births in Alaska.

attachments

TABLE I
LIFETIME COST ESTIMATES OF SPECIFIC BIRTH DEFECTS IN FAS BIRTHS -- ALASKA

Birth Defect	Annual Cost per Patient	Number of Times or Years	Lifetime Cost per Patient	Prevalence	Number Per Yr (% x 26)	Lifetime Cost: All Born 1988
ANNUAL FAS BIRTHS (29 BIRTHS; 26 SURVIVORS)						
1 Neonatal Unit/Providence	99,740	1	99,740			
2 Neonatal Physician	11,065	1	11,065		11	1,097,140
3 First Year Rehospitalization	13,470	1	13,470		11	121,715
4 Initial Audio Screening	100	1	100		3	40,410
5 Audio Check-up	100	4	400	52%	15	1,500
6 Otitis Media Surgery	1,224	1	1,224	100%	26	10,400
7 Hearing Aid	1,260	14	17,640	56%	15	18,360
8 Hearing Aid Mold	50	65	3,250	33%	9	158,760
9 Heart Surgery	75,000	1	75,000	33%	9	29,250
10 Cleft Palate Surgery	65,000	1	65,000	5%	1	75,000
11 Infant Learning Program (HSS)	2,513	3	7,539	12%	3	195,000
12 H/C Child: phys defect (HSS)	8,700	18	156,600	100%	26	196,014
12 H/C Child: devel delay (HSS)	8,700	3	26,100		7	1,096,200
13 Minimal Special Educatn (DOE)	4,000	15	60,000	58%	15	391,500
14 Child Mental Retardation (DOE)	20,000	15	300,000	42%	11	660,000
15 DD Child (HSS)	25,000	18	450,000	58%	15	4,500,000
16 Alaska Youth Initiative (HSS)	90,000	12	1,080,000	58%	15	6,750,000
17 DD Adult Initial Training(HSS)	45,000	3	135,000		1/2	540,000
18 DD Adult Supervised Work (HSS)	22,500	44	990,000	58%	15	2,025,000
19 Institution	109,000	65	7,085,000	58%	15	14,850,000
				3%	1	7,085,000
Lifetime Costs for FAS Births: 1988						
Lifetime Costs per FAS Birth						1,373,836
Lifetime Costs for FAS Births: 1988						39,841,249
ANNUAL FAE BIRTHS AT TWICE FAS RATE (58)						
20 Infant Learning Program (HSS)	2,513	3	7,539	58%	34	256,326
22 DD Child (HSS)	25,000	18	450,000	58%	34	15,300,000
23 Child Mental Retardation (DOE)	20,000	15	300,000	58%	34	10,200,000
24 DD Adult Initial Training(HSS)	45,000	3	135,000	58%	34	4,590,000
25 DD Adult Supervised Work (HSS)	22,500	44	990,000	58%	34	33,660,000
Lifetime Costs for FAE Births: 1988						64,006,326
Total FAS/FAE Births						103,847,575

NOTES TO FAS COST TABLE

Numbers refer to line numbers on the table.

1. Neonatal Unit. Charges per FAS patient in the Providence Hospital Neonatal Intensive Care Unit were \$68,910 in 1987 and \$130,570 in 1988, for an average of \$99,740. Average length of stay of FAS infants in the Neonatal Intensive Care Unit more than doubled between 1987 and 1988. It was 27 days in 1987 and 65 days in 1988 (v. 19.7 and 23.7 days for all low birthweight babies in the unit). Statistics provided by Lisa Wolf of Providence Hospital.
2. Neonatal Physician. Physician costs per FAS child were \$6,130 in 1987 and \$16,000 in 1988, for an average of \$11,065. Estimates by Sharon Lee of Alaska Neonatal-Perinatal Associates.
3. First-year rehospitalization. Cost estimate is based on 1938 Providence Hospital pediatric charges of \$900/day. The number of infants and average length of stay (12.5 days for moderately low birthweight infants and 16.2 days for very low birthweight babies) are from the National Institute of Medicine and are for all low birthweight infants. Applied to FAS births, these may be underestimates. Streissguth reports it is "usual" for FAS babies to be rehospitalized in the first few months of life.
4. Initial Audio Screening. The state audiologist, Communicative Disorders Program, Anchorage, reports all FAS children need a workup. This report estimates that 11 infants receive a workup in intensive care; the 15 remaining surviving infants are counted in this entry.

5. Audio Check-up. FAS children need three to four follow up checks. The \$100 charge is from the Alaska Treatment Center in Anchorage; the check-up estimate is from the state audiologist.
6. Otitis Media Surgery. Estimate is from the Geneva Woods Ear Nose and Throat Associates. Source of 56% prevalence is Harwood and Napolitano. These costs do not include less severe ear problems common to 93 percent of FAS patients (Alaska Treatment Center). Twenty-nine percent of FAS patients have permanent hearing loss.
7. Hearing Aid. A hearing aid for a baby costs \$1,260; it is replaced once every five years for life at this cost. Cost estimate from Alaska Treatment Center.
8. Hearing Aid Mold. A \$50 ear mold must be replaced annually. Estimate from Alaska Treatment Center.
9. Heart Surgery. Up to 70 percent of FAS patients have heart problems (Streissguth reports the portion at 30-40 percent; Hild reports 70 percent). Harwood and Napolitano report 10 percent require heart surgery, but reduce the estimate to 5 percent to reflect cases actually having surgery. Cost estimates from Vicki Hild, Alaska Native Health Board FAS coordinator.
10. Cleft Palate. Costs include an average of four surgeries, dental and orthodontics work. They do not include long term speech therapy at \$96/session twice or three times a week. Estimates from Vicki Hild. The 12% estimate is average of Abel and Sokol (11.5%) and Harwood and Napolitano (12.5%).

11. Infant Learning Program. Mary Diven of the state division of Maternal and Child Health reports these figures are "deceptively low", under estimating the true cost of rural service. Infant Learning Program costs as much as \$6,000/year in some rural areas.
12. Handicapped Children's Program. Cost estimates include averages for children with heart problems, cleft palate and developmental delay. Children with physical problems can be on the program for 21 years; children with developmental delays may be on the program for as few as three years. Cost estimates by Kathy Robinson, Maternal and Child Health, Alaska Department of Education. This report estimates that one child per year has heart problems (a low estimate in view of the 30 to 70 percent with heart problems); three have cleft palates; and three more have other physical problems such as spina bifida, progressive scoliosis, or severe visual and hearing loss.
13. Minimal Special Education. Costs cover only \$4,000/year for additional special education for learning disabled children, above normal operating and capital education costs (Tom Buckner, Department of Education). Christine Hagmeier of the Department of Health and Social Services cautions that patients with IQ's above 70 and below 100 "may well be more expensive than those with lower IQ's" because they can become involved in counselling, corrections and the law. These costs are not reflected in this report. The 42 percent prevalence estimate is from Streissguth
14. Child Mental Retardation. Cost of special education for severely retarded children is \$20,000 - \$23,000/year, in addition to normal operating and capital education costs. Estimates from Tom Buckner, Department of Education.

15. Developmentally Disabled Child (HSS). Cost estimate by Christine Hagmeier of the Department of Health and Social Services. Costs can include foster care, in-home care, shared care, respite care, in-home training, advocacy and family support. Hagmeier reports that severely disabled children can cost between \$35,000 and \$85,000 with average cost of \$55,000.
16. Alaska Youth Initiative. Cost estimate from John Van Den Berg, Department of Health and Social Services. This is a program for 52 severely troubled youths. The average age is 15.8 years; the average number of failed housing placements is 16. Currently five FAS youths are in the program. This report estimates children remain on the program an average of 12 years (based on Van Den Berg's report that "absolute minimum lifetime costs per child are \$1 million".) It further assumes that one FAS child would enter this program every two years. Streissguth reports that aggressive behavior may be a problem for about 40% of the boys. Those from a less structured and protected environment may be "quick to anger when crossed and quick to strike out impulsively".
17. Developmentally Disabled Adult Initial Training. Costs include \$25,000 residential care (example: foster care and independent living) plus initial vocational rehabilitation costs of \$20,000, for a total of \$45,000. Initial vocational rehabilitation costs average between two and five years. Estimate by Christine Hagmeier.
18. Developmentally Disabled Adult Supervised Work. After initial rehabilitation costs (see #17 above), costs can "fade" to between \$10,000 and \$25,000 for lifetime residential care plus \$5,000 lifetime vocational rehabilitation care (Hagmeier). The average of this \$15,000 to \$30,000 range is \$22,500.

19. Institution. Estimate by Ellen Ganley, Governor's Council for the Handicapped and Gifted.
20. FAE Births. Annual FAE births are calculated in this report at twice that of FAS births. This is a conservative estimate. Hild believes the actual number of FAE births annually is ten times the FAS births (or 290 FAE births and 168 developmentally disabled FAE persons.) In this report, cost estimates for FAE births are limited to mental retardation. They do not include costs associated with mild learning disabilities, physical anomalies, child abuse, sexual abuse or the justice system.
21. See #11.
22. See #15.
23. See # 14.
24. See # 17.
25. See # 18.

MEMORANDUM

State of Alaska

TO: Jay Livey
Special Assistant
Office of the Commissioner

DATE: November 2, 1989

FILE NO:

Thru: Matt Felix
Coordinator

TELEPHONE NO: 561-4213

FROM: Suzanne Perry
FAS Coordinator
Office Alcoholism/Drug Abuse

SUBJECT: FAS info with
marriage licenses

The bill sponsored by Rep. Fran Ulmer would require information regarding the dangers of drinking while pregnant to be distributed at the time a marriage license is issued. This is currently being done in other states, and has been well received.

There are a variety of materials that could be used for this purpose. I believe the March of Dimes pamphlet has been used elsewhere with positive results (copy attached). My preference, of course, would be to develop an Alaskan pamphlet for this purpose, because I believe people are more apt to read something that appears very relevant to their situation rather than something that is obviously generic.

My understanding is that marriage licenses are issued by persons employed by the court system. The court system has a central supply to which such material should be sent for further distribution.

I am not aware of the number of marriage licenses that are issued each year, but will try to obtain this information if that would be helpful.

As FAS is a newly identified problem, education of everyone is necessary. Even though some couples will not have children, giving them the information will only help to increase the level of awareness overall. As we still have a very young population, I believe it is very important to disseminate the information at every opportunity.

I will follow up on the numbers of marriage licenses issued and will forward that information to you. If there is anything else I can do on this subject, please let me know.

Will My Drinking Hurt My Baby?



March of Dimes
Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains NY 10605

For more information on
drinking and pregnancy,
ask your doctor or your
local March of Dimes chapter.

This pamphlet is made
possible through contributions
to the March of Dimes.

For additional copies
contact your local
March of Dimes chapter.

March of Dimes
Birth Defects Foundation

Would You Give Your Newborn Baby A Drink of Liquor or Wine or Beer?

Of course you wouldn't. You know that a baby doesn't need or want alcohol in any form. You wouldn't think of putting an alcoholic drink in your baby's bottle because you know it's not good for him or her.

Well, exactly the same is true *before* your baby is born. When you are pregnant, every time you take a drink, your baby takes one too. The drink he gets is just as strong as the one you get, and because he is so much smaller than you are, it hits him a lot harder.

What is worse, his hangover could last a lifetime.

What Is Fetal Alcohol Syndrome?

Fetal alcohol syndrome (FAS) is a pattern of physical and mental birth defects that are the direct result of the mother's drinking alcohol while pregnant.

FAS babies are abnormally small at birth, especially in head size. Unlike many newborns who are too small, few of these children catch up to normal growth. Most of them have small brains and show some amount of mental retardation. Many are jittery and poorly coordinated. They have short attention spans and behavioral problems. Their mental problems may not improve with age.

FAS babies usually have narrow eyes and short upturned noses. Some have heart defects, which may require surgery.

I Don't Drink That Much. Could It Happen To My Baby?

We don't know how much alcohol is "safe." The best decision is not to have any while you are pregnant--or when you might be.

About *one out of every 750 babies born has FAS!** That's a lot of damaged babies. We don't realize how common FAS is because we don't hear about it as much as other birth defects. We haven't known about FAS for very long.

What Can I Do About It?

Everything. Unlike many other birth defects, FAS is *completely preventable*. By you. Nobody else can do it for you—not your doctor or your mother or the baby's father.

FAS is forever. There is no cure. But it doesn't have to happen at all. All you have to do is say "no" to the next drink, and keep on saying it until after your baby is born.

Other Than The Tragedy Of FAS, Are There Any Other Reasons Not To Drink While I'm Pregnant?

Alcohol is a drug that adds calories, but no food value, to the diet—your diet and your developing baby's. Having an alcoholic drink instead of milk or fruit juice deprives your baby of the nourishment it needs to grow and develop normally.

Women who drink heavily during pregnancy have more miscarriages and more stillbirths (babies born dead) than other women. Even moderate drinking is suspected of causing those problems. It is also suspected of causing learning disabilities and minor physical problems. There is much we still have to learn, but pregnancy is no time for guessing how much is too much.

When Should I Stop?

It's never too soon.

From the moment of conception, your baby's organs start forming. Alcohol can damage them. For example, brain, heart and blood vessels start to develop in the third week of pregnancy. The heart begins to beat by the fourth week, even though the embryo is less than 1/4 of an inch long.

Since most women do not know that they are pregnant until a month or more has passed, they may have been drinking all along. So the best time to stop drinking is *before* you become pregnant. If you are pregnant and are still drinking, the time to stop is *now*. If you need help, ask your doctor.

**THE ONLY SAFE ADVICE IS:
IF YOU DRINK HEAVILY,
DON'T GET PREGNANT;
IF YOU'RE PREGNANT,
DON'T DRINK.
YOUR BABY CAN'T SAY NO.
SAY IT FOR YOUR BABY.**

* Centers for Disease Control, U.S. Dept. of Health and Human Services Public Health Service: *Morbidity and Mortality Weekly Report*, January 13, 1984.

Original sponsor(s): REP. ULMER, Ellis

1 IN THE HOUSE

BY THE HESS COMMITTEE

2 CS FOR HOUSE BILL NO. 364 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SIXTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to distribution of information about
7 fetal health effects of alcohol consumption, chemical
8 abuse, and battering during pregnancy."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 1. AS 18.05 is amended by adding a new section to read:

11 Sec. 18.05.037. FETAL HEALTH EFFECTS. The department shall
12 prepare distributable information on fetal alcohol effects and the
13 fetal health effects of chemical abuse and battering during pregnancy.
14 The department shall make this information available to public hospi-
15 tals, clinics, and other health facilities in the state for distribu-
16 tion to their patients.

17 * Sec. 2. AS 25.05.111 is amended by adding a new subsection to read:

18 (b) With a license issued under (a) of this section, the licens-
19 ing officer shall also give to the parties written information about
20 fetal alcohol effects and the fetal health effects of chemical abuse
21 and battering during pregnancy. The Department of Health and Social
22 Services shall prepare this information and submit it in distributable
23 form to each licensing officer in the state.